## Village of Newburgh Heights

**Applicant Contact Information** 

adjacent property owners.

**Agreement and Signature** 

Name (printed)

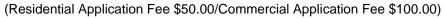
Signature

Property Owner/Company

Street Address

City, State, Zip Code

## **Application for Board of Zoning Appeals**





Property Owner Phone	
Attorney/Agent Name	
Attorney/Agent Address	
City, State, Zip Code	
Attorney/Agent Phone	
Property Information (H	lousing and Building Department Information)
Property Address for Variance	
Parcel Number	
Lot Size	
Square Feet	
Code Section	
Code Requirements	
Zoning District	
Meeting Date	
Applicant Appeal Sumn	nary
the BZA to request additional in hearing any documents, drawin	rtinent information involved in this matter. If submitted information is incomplete, it may be necessary for information before this matter can be set on its agenda. Additional pages should be attached. Bring to the ings, photos other materials or evidence along with your testimony to help demonstrate your need for the ine Board must be included with application.
	ral application of the provisions of the code result in practical difficulty peculiar to the property involved anditions created by the owner.
	raphical or geographical conditions or circumstances of the property involved which prevents compliance
<ol><li>Explain why the vari</li></ol>	ance will not be materially detrimental to the public health, safety and general welfare or injurious to the

Date

I, or the property owner I represent, are requesting a variance from the Board of Zoning Appeals for the property stated in the

application due to a hardship which now prevails as evidenced by the information that I have provide to the Board.